

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** ROYALINE CARE DBA WELCOME HOME (0008954)  
**Address:** 121 CTH QQ, WAUPACA, WI 54981  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2000  
**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096238      **End Date:** 01/10/2006      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009501    Served 01/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.12(5)(a)	SUPERVISION AND MONITORING		
83.19(1)(e)1	ABUSE OR MISAPPROPRIATION OF PROPERTY		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION		

**Survey ID:** 0094635      **End Date:** 04/12/2005      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0092819      **End Date:** 06/08/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

## Provider Inspection Summary

For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0091932      **End Date:** 11/18/2003      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009234    Served 02/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)	CRIMINAL RECORDS CHECK	06/08/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/08/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/08/2004	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	06/08/2004	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	06/08/2004	Yes
83.51(3)(a)	SMOKE SEPARATION	06/08/2004	Yes

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For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

<b>Enforcement History</b>
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**Date: 01/26/2006      SOD #10009501      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.19(1)(e)1

FORFEITURE---83.19(3)(c)

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**Date: 02/10/2004      SOD #10009234      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.33(3)(c)1

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